

**Virginia Department of Health  
Office of Emergency Medical Services**

**Accommodation Request**

Complete and submit this form (including requested attachments) to the state EMS office if you have a documented disability that will negatively affect your performance on the state written or practical certification/ licensure examination. The state EMS office offers reasonable and appropriate accommodations for written and/or practical certification examinations for individuals with documented disabilities.

ATTACH a statement on letterhead stationery from a professional who is familiar with your disability (the professional must have expertise in the specific disability for which the accommodation is being requested). A professional must sign this statement, confirm, and describe the disability for which the accommodation is required. THIS INFORMATION WILL NOT BE FILED WITH YOUR APPLICATION OR TEST RESULTS AND WILL BE CONFIDENTIAL.

I have reviewed the essential job elements and functions for the level of training I am seeking and request the following accommodation due to my disability-related needs:

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Please Print or Type

Name of Applicant:

(Last

First

Middle)

Address of Applicant:

Telephone Number:

(Signature of individual completing this form)

(Date)

(Printed name of individual completing this form)